



CITY OF GARDNER

PARKING DEPARTMENT

PARKING VIOLATION APPEAL FORM

License Plate #	State of Registration	Name:
		Address:
Date of Appeal	Violation Number	City: State: Zip:
		Telephone Number (daytime):

To the Parking Clerk of the City of Gardner,
In accordance with MGL Chapter 90, Section 20A½-20E, I hereby appeal the above numbered alleged parking violation in the City of Gardner. After carefully considering the facts relating to this violation, I believe I have fair and just reason to appeal and obtain cancellation. I understand that if I am not satisfied with the Parking Clerk's response, I will be assigned a date and time for a formal hearing to present new information only.

REASON(S) FOR APPEAL (Please write legibly. Use additional sheets if necessary):

SIGNATURE: _____



Your appeal has been reviewed. You are hereby advised: (see block checked)

☐ To pay the violation fee of \$_____ within ten (10) days of issuance of this notice. Failure to comply in a timely manner will result in additional penalties (up to \$35.00) being added to the original violation fee, and notification to the Registry of Motor Vehicles for non-renewal of your license or registration.

☐ You have been found to be in violation of City parking regulations, but your penalty is waived. All future violations will stand.

☐ Based upon evidence provided, your appeal has been approved, no further action is required.

Explanation: _____

Parking Clerk Signature: _____

Room 217 - City Hall
95 Pleasant Street
Gardner, MA 01440-2687

Telephone (978) 632-3810
Fax (978) 632-9320

PARKING OFFICE USE ONLY

Date of return notice: _____

Amount due by: _____